



**Harford County Office of Drug Control Policy  
Community Contributions for Prevention Program  
FY-2024**

Name of Group \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_ EIN: \_\_\_\_\_

E-mail address \_\_\_\_\_

Name of contact person \_\_\_\_\_

A. Describe the specific problem that affects your community:

B. Describe the program that you think will solve this problem:

C. List the steps your group will take to solve this problem:

D. Describe how the community will be improved after the program is completed:

E. What amount of funding is your group requesting for this program? \_\_\_\_\_

F. How will your group spend the contribution?

Printing \$ \_\_\_\_\_

Brochures \$ \_\_\_\_\_

Supplies, etc. \$ \_\_\_\_\_

Equipment \$ \_\_\_\_\_

Salaries \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ (include a list of items being purchased; cameras, computers, and other large purchases require prior approval from the CJCC)

**TOTAL** \$ \_\_\_\_\_

ODCP Staff would like to participate in the funded programs. Please include the date(s), time(s), location(s), and description of all funded events on a separate sheet:

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**RETURN THIS APPLICATION AND A LETTER, ON ORGANIZATIONAL LETTERHEAD, CONFIRMING THAT ANYONE WHO WILL BE WORKING WITH CHILDREN WILL BE SUBJECT TO A FEDERAL BACKGROUND CHECK, TO:**

**HARFORD COUNTY DEPARTMENT OF COMMUNITY SERVICES**

**OFFICE OF DRUG CONTROL POLICY**

**125 NORTH MAIN STREET, BEL AIR, MD. 21014**

**OR**

**E-MAIL APPLICATION TO: [ODCP@harfordcountymd.gov](mailto:ODCP@harfordcountymd.gov)**